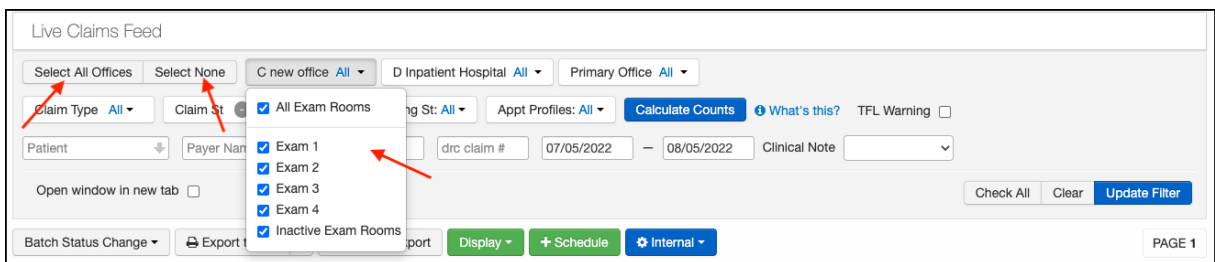


# How does Live Claims Feed work?

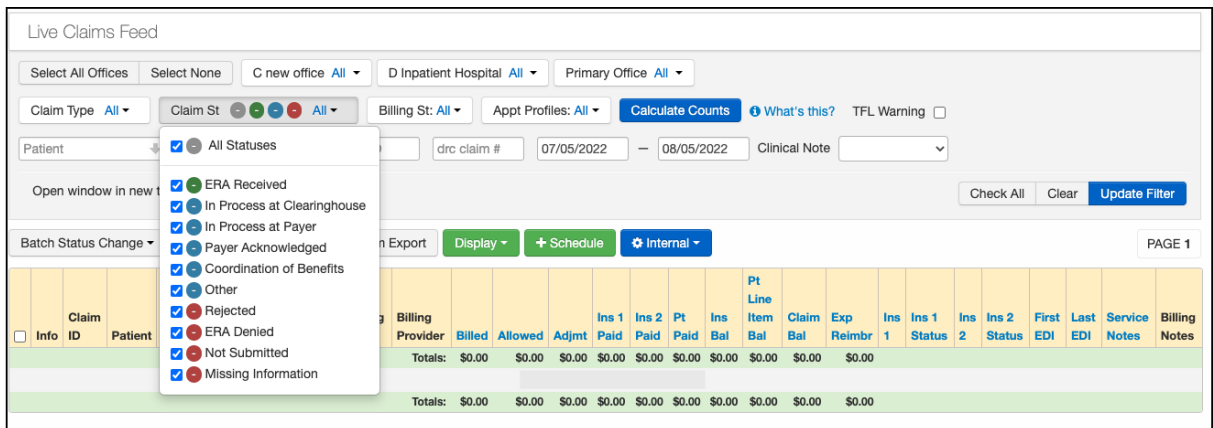
Last modified on 02/21/2025 10:05 am EST

The **Live Claims Feed** allows you to see and filter your claims in multiple ways to make them easier to work. Let's look at each filter and the function it allows:

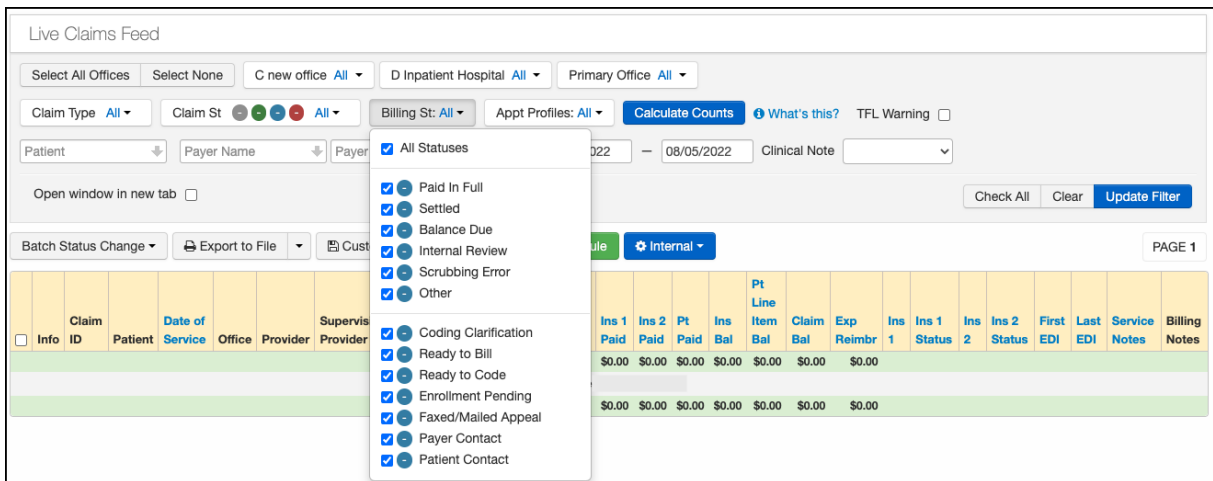
1. Hover over the **Billing** tab and select **Live Claims Feed**
2. **Office filter:** As the default, all of your offices will be selected when you sign into the Live Claims Feed. You can change this to view only a specific office (or offices) by first pressing on "Select None" on the top left. This will undo the default setting. You can then use the drop-down next to each office you would like to view and select **All Exam Rooms** or specific ones within each office and press the blue **Update Filter**:



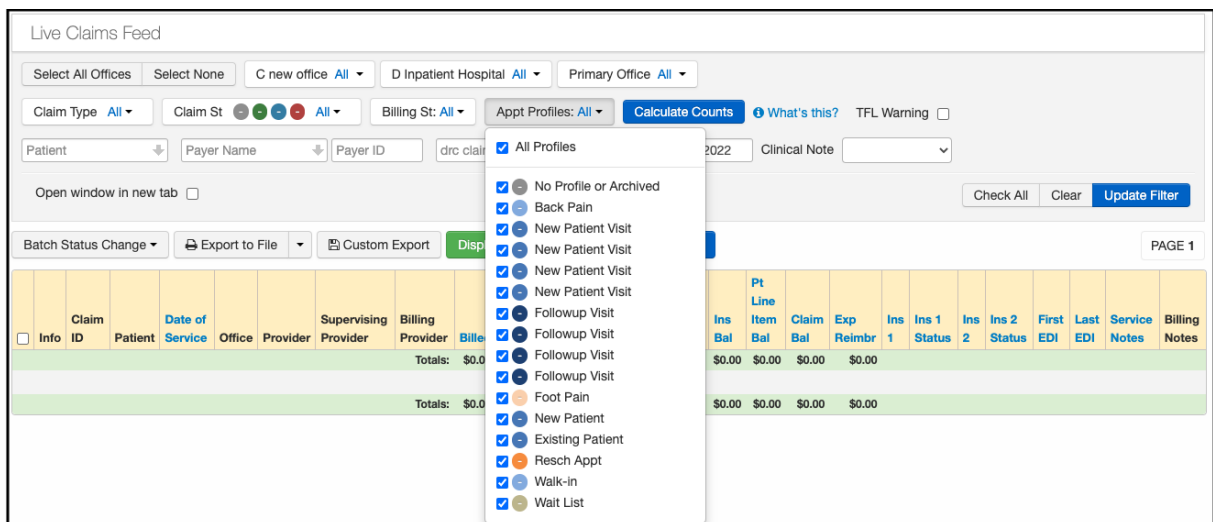
3. **Claim Status filter:** Filter the claims by selecting the status (or statuses) you want to view > Press **Update Filter**. All will be selected as a default, but you can update it by pressing on just the status/statuses you want to view.



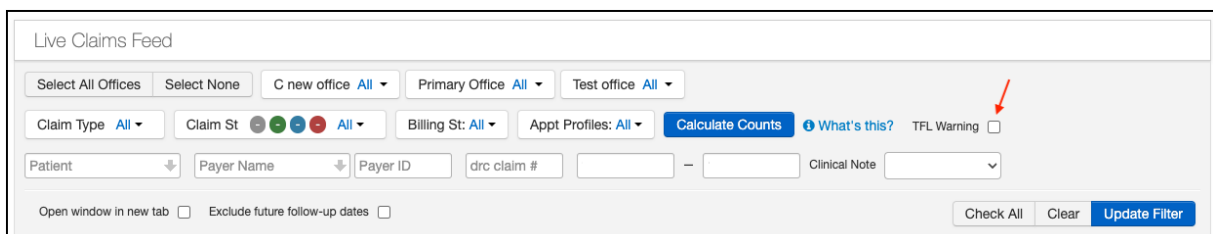
4. **Billing Status filter:** Filter the claims by selecting a specific status or all the statuses > press **Update Filter**:



5. **Appointment Profiles filter:** Pull up the claims by selecting a specific profile or all the profiles > press **Update Filter**.



6. **TFL Warning check box:** Once you update the timely filing period for insurance under the Billing > Insurance Setup screen, you can pull up those insurance claims by placing a checkmark on this box. This will help you identify claims that may be close to their timely filing limit so they can be worked on/submitted.



7. **Patient search:** Pull up the claims for a specific patient by entering the patient's name or chart ID in the search field and selecting from the drop-down:

The screenshot shows the 'Live Claims Feed' interface. At the top, there are buttons for 'Select All Offices', 'Select None', and three office selection dropdowns: 'C new office All', 'Primary Office All', and 'Test office All'. Below these are filters for 'Claim Type All', 'Claim St' (with status icons), 'Billing St: All', and 'Appt Profiles: All'. A 'Calculate Counts' button and a 'What's this?' link are also present. The search fields include 'Patient', 'Payer Name', 'Payer ID', 'drc claim #' (with a range selector), and 'Clinical Note'. A red arrow points to the 'Payer Name' field. At the bottom, there are checkboxes for 'Open window in new tab' and 'Exclude future follow-up dates', and buttons for 'Check All', 'Clear', and 'Update Filter'.

8. **Payer Name and Payer ID search:** Pull up the claims for a specific payer by either entering the payer name in the **Payer name** field or entering the payer ID in the **Payer ID** field > press **Update Filter**.

This screenshot is similar to the previous one, but with red arrows pointing to both the 'Payer Name' and 'Payer ID' fields, indicating that either can be used for searching.

9. **DrC claim #:** This 15-digit number is system-generated, and will print in box 26 on the HCFA-1500 form or in box 3B on the UB04 institutional form. The number is also usually found on ERAs or EOBs as the patient claim/account number.

This screenshot shows the 'drc claim #' field highlighted with a red arrow. It also includes a date range selector with 'From' and 'To' input fields.

10. **Date range search:** Pull up the claims by entering the desired date range (day/month/year). Our system will show the claims for the last 30 days by default.

This screenshot highlights the 'From' and 'To' date range input fields with red arrows, showing how to filter claims by date.

11. **Clinical note filter:** Filter the claims by Locked and Not Locked notes > **Update Filter**.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From - To | Clinical Note

Open window in new tab  Locked  
Not Locked | Check All | Clear | Update Filter

12. **Open Window in a new tab:** Check off this box to open the window of appointment and patient in a new tab.

Live Claims Feed

Select All Offices | Select None | C new office All | Primary Office All | Test office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From - To | Clinical Note

Open window in new tab  Exclude future follow-up dates  | Check All | Clear | Update Filter

13. **Batch Status Change:** It allows you to change the billing status for your claims in bulk. You can either filter the claims by a patient or specific insurance or date range and check off the box on the left-hand side beside the claim ID to select the claims. Once done, select the billing status from the drop-down of what status you would like to move the claims to. The system will give you a pop-up and ask you to confirm the move. You will need to type **CONFIRM** in all caps for the system to move the claims.

Live Claims Feed

Select All Offices | Select None | C new office All | Primary Office All | Test office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From - To | Clinical Note

Open window in new tab  Exclude future follow-up dates  | Check All | Clear | Update Filter

Batch Status Change | Export to File | Custom Export | Display | + Schedule | PAGE 1

	Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status	Ins 2	Ins 2 Status	First EDI	Last EDI
<input type="checkbox"/>								Totals:	\$350.00	\$350.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00	\$175.00	\$350.00	\$0.00						
<input type="checkbox"/>		328821561		11/01/2024 08:00AM	Primary Office				\$175.00	\$175.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00	\$0.00	\$175.00	\$0.00	Aetna	Not Submitted				
<input type="checkbox"/>		328340191		10/29/2024 09:15AM	Primary Office				\$175.00	\$175.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00	\$175.00	\$0.00		Balance Due				
								Totals:	\$350.00	\$350.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00	\$175.00	\$350.00	\$0.00						

14. **Export to file:** Export a pre-populated field report from the Live Claims Feed. The report will be generated and available to you in the message center.

Live Claims Feed

Select All Offices | Select None | C new office All | Primary Office All | Test office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From - To | Clinical Note

Open window in new tab  Exclude future follow-up dates  | Check All | Clear | Update Filter

Batch Status Change | Export to File | Custom Export | Display | + Schedule | PAGE 1

15. **Bulk Print HCFA and Superbill:** Press the small arrow drop-down next to the “Export to file” button and select from the drop-down. You can filter the claims by a patient, date range, or insurance.  
**NOTE:** You can print up to 50 HCFA/Superbills at a time.

The screenshot shows the 'Live Claims Feed' interface. At the top, there are filters for 'Select All Offices', 'Select None', 'C new office', 'Primary Office', and 'Test office'. Below these are filters for 'Claim Type', 'Claim St', 'Billing St', and 'Appt Profiles'. A 'Calculate Counts' button and a 'TFL Warning' checkbox are also present. Search filters include 'Patient', 'Payer Name', 'Payer ID', 'drc claim #', 'From', 'To', and 'Clinical Note'. Action buttons include 'Check All', 'Clear', and 'Update Filter'. The 'Export to File' button is highlighted with a red arrow pointing to its dropdown arrow. The dropdown menu is open, showing three options: 'Print HCFA', 'Print HCFA (text)', and 'Print Superbill'. Below the menu, a table header is visible with columns for 'Info', 'Claim ID', 'Patient', 'Supervising Provider', 'Billing Provider', 'Billed', 'Allowed', 'Adjmt', 'Ins 1 Paid', 'Ins 2 Paid', 'Pt Paid', 'Ins Bal', 'Pt Line Item Bal', 'Claim Bal', 'Exp Reimbr', 'Ins 1 Status', 'Ins 2 Status', 'First EDI', and 'Last EDI'. A 'Totals' row shows values: \$350.00, \$350.00, \$0.00, \$0.00, \$0.00, \$0.00, \$175.00, \$175.00, \$350.00, and \$0.00. The page is labeled 'PAGE 1'.

16. **Custom Export:** This feature will allow you to select fields to generate a report. Once you have selected the fields you would like to see, press Export. The report will be generated and available to you in the message center.

This screenshot shows the same 'Live Claims Feed' interface as above, but with the 'Custom Export' button highlighted by a red arrow. The 'Export to File' dropdown menu is no longer open. The rest of the interface, including filters and the table header, remains the same.

### Custom Export

**Patient** Check All   Uncheck All

<input checked="" type="checkbox"/> Full Name	<input type="checkbox"/> Primary Ins Group #
<input type="checkbox"/> First Name	<input type="checkbox"/> Secondary Ins Payer
<input type="checkbox"/> Last Name	<input type="checkbox"/> Secondary Ins Payer ID
<input type="checkbox"/> Chart ID	<input type="checkbox"/> Secondary Member ID
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Secondary Ins Plan Name
<input type="checkbox"/> Primary Provider	<input type="checkbox"/> Secondary Ins Group #
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Auto Insurance Payer
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Auto Insurance Payer ID
<input type="checkbox"/> Office Phone	<input type="checkbox"/> Auto Insurance Case #
<input type="checkbox"/> Email	<input type="checkbox"/> Worker's Comp Payer
<input type="checkbox"/> Gender	<input type="checkbox"/> Worker's Comp Payer ID
<input type="checkbox"/> Race	<input type="checkbox"/> Worker's Comp Case #
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Emerg Contact Name

**Export**

17. **Display:** Select only the required fields/columns that you want to display in the live claims feed screen.

### Live Claims Feed

Select All Offices   Select None   C new office All   D Inpatient Hospital All   Primary Office All

Claim Type All   Claim St All   Billing St: All   Appt Profiles: All   Calculate Counts   What's this?   TFL Warning

Patient   Payer Name   Payer ID   **Display**   From   To   Clinical Note

Open window in new tab   Check All   Clear   Update Filter

Batch Status Change   Export to File   Custom Export   **Display**   + Schedule   Internal

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- Show All
- Info
- Claim ID
- Provider
- Supervising Provider
- Billing Provider
- Billed
- Allowed
- Adjustment
- Primary Insurer Paid
- Secondary Insurer Paid
- Patient Paid
- Insurer Balance
- Patient Balance
- Claim Balance
- Expected Reimbursement
- Primary Insurer
- Primary Insurance Status
- Secondary Insurer
- Secondary Insurance Status
- First EDI Date
- Last EDI Date
- Service Notes
- Billing Notes

18. **Schedule:** Schedule an appointment directly from this screen for your existing patients.

Live Claims Feed

Select All Offices | Select None | C new office All | Primary Office All | Test office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From | To | Clinical Note

Open window in new tab | Exclude future follow-up dates

Check All | Clear | Update Filter

Batch Status Change | Export to File | Custom Export | Display | + Schedule

PAGE 1

### Schedule Service

Patient

Office

Examroom

Scheduled Time

Create

19. You can also sort claims by “Date of service, Billed, Insurance, etc.” by pressing on the blue highlighted column headers. The system will reorder claims based on which field you selected.

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status
------	----------	---------	-----------------	--------	----------	----------------------	------------------	--------	---------	-------	------------	------------	---------	---------	------------------	-----------	------------	-------	--------------

20. **Patient name:** Press on the patient name to go to the demographics screen.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From | To | Clinical Note

Open window in new tab

Check All | Clear | Update Filter

Batch Status Change | Export to File | Custom Export | Display | + Schedule | Internal

PAGE 1

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status	
								Totals:	\$238,591.76	\$149,891.52	\$88,700.24	\$112,463.10	\$0.00	\$18.16	\$20,659.52	\$16,750.74	\$37,410.26	\$0.00		
	220490410	Donald (Demo) Reed	8/05/2022 04:45PM	Primary Office				\$88.60	\$88.60	\$0.00	\$0.00	\$0.00	\$0.00	\$88.60	\$0.00	\$88.60	\$0.00	FL BCBS	Bill Insurance	

21. **Date of service:** To edit or work on your claims, press on the “Date of service” which will take you directly to the billing details screen.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From | To | Clinical Note

Open window in new tab

Check All | Clear | Update Filter

Batch Status Change | Export to File | Custom Export | Display | Schedule | Internal

PAGE 1

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status	
							Totals:	\$238,591.76	\$149,891.52	\$88,700.24	\$112,463.10	\$0.00	\$18.16	\$20,659.52	\$16,750.74	\$37,410.26	\$0.00			
<input type="checkbox"/>	S 220490410	Donald (Demo) Reed	8/05/2022 04:45PM	Primary Office				\$88.60	\$88.60	\$0.00	\$0.00	\$0.00	\$0.00	\$88.60	\$0.00	\$88.60	\$0.00	FL BCBS	Bill Insurance	

22. **Billing Details Screen:** On the top left-hand side, select the status from the “Billing Status” drop-down. **Example:** To bill out your claims, select “Bill Insurance, Bill Secondary Insurance, Auto Accident Claim, Worker’s Comp Claim, Durable Medical Equipment Claim” depending on the payer who needs to receive the claim.

dr chrono

Schedule | Clinical | Patients | Reports | Billing | Account | Marketplace | Help

View Service | + EOB | SuperBill | Clinical Note | Clone | HCFA/1500 | HCFA/1500 (text) | Print Screen

Institutional Claim  No

**Billing Status** Bill Insurance

ICD Version ICD-10

Primary Insurer - Default -

Secondary Insurer - Default -

Billing Provider: - If different to provider -

Supervising Provider: - If different to provider -

Pt Payment \$ 0

Payment Profile Insurance

Pt Payment Due

Billing Profile Select Profile

Billing Pick List Choose from Pick List

Diagnosis Pick List Choose from Pt Problems

Payer pre-auth #

Do Not Transmit  Do not transmit authorization number to payer

Referral #

Billing Facility

Purchased Serv Provider

Appointment Notes This is a demo appointment

Follow-up Date

Billing Notes

Claim Type Default

Emergency Service No

Delay Reason - Not Used -

Acute Manifestation Date

Onset Date 431: Onse (HCFA box 14)

Other Date - Other Da (HCFA box 15 & 19)

Is patient's condition related to

Employment No

Auto Accident No

Other Accident No


EDI Billing Note  (HCFA/CMS-1500 Line 19)

Providers






- Paid In Full
- Balance Due
- Settled
- Internal Review
- ✓ Bill Insurance
- Bill Secondary Insurance
- Worker's Comp Claim
- Auto Accident Claim
- Durable Medical Equipment Claim
- Institutional Service
- Coding Clarification
- Ready to Bill
- Ready to Code
- Enrollment Pending
- Faxed/Mailed Appeal
- Payer Contact
- Patient Contact

23. **Pt Payment (copay):** Update or post the patient payment directly from this screen. The payment will reflect automatically in the patient payments screen.

<b>Institutional Claim</b>	<input type="radio"/> No
<b>Billing Status</b>	<input type="text" value=""/>
<b>ICD Version</b>	ICD-10
<b>Primary Insurer</b>	- Default -
<b>Secondary Insurer</b>	- Default -
<b>Billing Provider:</b>	- If different to provider -
<b>Supervising Provider:</b>	- If different to provider -
<b>Pt Payment</b>	\$ 0 <input type="button" value="+"/> 
<b>Payment Profile</b>	Insurance
<b>Pt Payment Due</b>	<input type="text" value=""/>
<b>Billing Profile</b>	Select Profile <input type="button" value="+"/>
<b>Billing Pick List</b>	<input type="button" value="Choose from Pick List"/>
<b>Diagnosis Pick List</b>	<input type="button" value="Choose from Pt Problems"/>
<b>Payer pre-auth #</b>	<input type="text" value=""/>
<b>Do Not Transmit</b>	<input type="checkbox"/> Do not transmit authorization number to payer
<b>Referral #</b>	<input type="text" value=""/>
<b>Billing Facility</b>	<input type="text" value=""/> <input type="button" value="edit"/>
<b>Purchased Serv Provider</b>	<input type="text" value=""/> <input type="button" value="edit"/>
<b>Appointment Notes</b>	<input type="text" value=""/>
<b>Follow-up Date</b>	<input type="text" value=""/>
<b>Billing Notes</b>	<input type="text" value=""/> <input type="button" value="+"/>

24. **Payment Profile:** Select the right profile name to reflect the claim balance correctly. Options include Cash, Insurance, Insurance Out of Network, Auto Accident, and Workers' Comp. Selecting the correct payment profile will ensure that the claim is submitted to the correct payer.

<b>Institutional Claim</b>	<input type="radio"/> No
<b>Billing Status</b>	<input type="text"/>
<b>ICD Version</b>	ICD-10
<b>Primary Insurer</b>	- Default -
<b>Secondary Insurer</b>	- Default -
<b>Billing Provider:</b>	- If different to provider -
<b>Supervising Provider:</b>	- If different to provider -
<b>Pt Payment</b>	\$ 0 +
<b>Payment Profile</b>	Insurance 
<b>Pt Payment Due</b>	<input type="text"/>
<b>Billing Profile</b>	Select Profile +
<b>Billing Pick List</b>	<a href="#">Choose from Pick List</a>
<b>Diagnosis Pick List</b>	<a href="#">Choose from Pt Problems</a>
<b>Payer pre-auth #</b>	<input type="text"/>
<b>Do Not Transmit</b>	<input type="checkbox"/> Do not transmit authorization number to payer
<b>Referral #</b>	<input type="text"/>
<b>Billing Facility</b>	<input type="text"/> 
<b>Purchased Serv Provider</b>	<input type="text"/> 
<b>Appointment Notes</b>	<input type="text"/>
<b>Follow-up Date</b>	<input type="text"/>
<b>Billing Notes</b>	<input type="text"/> +

- |                          |
|--------------------------|
| Cash                     |
| ✓ Insurance              |
| Insurance Out of Network |
| Auto Accident            |
| Workers' Comp            |

25. **Billing Pick List:** Choose the codes from your pick list instead of typing in the codes manually.

**Institutional Claim**  No

**Billing Status**

**ICD Version** ICD-10

**Primary Insurer** - Default -

**Secondary Insurer** - Default -

**Billing Provider:** - If different to provider -

**Supervising Provider:** - If different to provider -

**Pt Payment** \$ 0 +

**Payment Profile** Insurance

**Pt Payment Due**

**Billing Profile** Select Profile +

**Billing Pick List** Choose from Pick List ←

**Diagnosis Pick List** Choose from Pt Problems

**Payer pre-auth #**

**Do Not Transmit**  Do not transmit authorization number to payer

**Referral #**

**Billing Facility**

**Purchased Serv Provider**

**Appointment Notes**

**Follow-up Date**

**Billing Notes**

26. **+EOB:** Add/upload the insurance EOB directly from this screen by pressing on the “+EOB” button.

View Service	<b>+ EOB</b>	SuperBill	Clinical Note	Clone	HCFA/1500	HCFA/1500 (text)	Print Screen
--------------	--------------	-----------	---------------	-------	-----------	------------------	--------------

27. **Superbill, HCFA/1500, and HCFA/1500 (text):** Press Superbill to print the patient a detailed receipt including CPT, HCPCS, and ICD-10 codes. HCFA/1500 will print an HCFA form on plain white paper, while the (text) version will allow printing on preprinted HCFA paper.

View Service	<b>+ EOB</b>	<b>SuperBill</b>	Clinical Note	Clone	<b>HCFA/1500</b>	<b>HCFA/1500 (text)</b>	Print Screen
--------------	--------------	------------------	---------------	-------	------------------	-------------------------	--------------

28. **Print screen:** Press **Print Screen** to print the entire screen which can be used as proof of timely filing.

<a href="#">View Service</a>	<a href="#">+ EOB</a>	<a href="#">SuperBill</a>	<a href="#">Clinical Note</a>	<a href="#">Clone</a>	<a href="#">HCFA/1500</a>	<a href="#">HCFA/1500 (text)</a>	<a href="#">Print Screen</a>
------------------------------	-----------------------	---------------------------	-------------------------------	-----------------------	---------------------------	----------------------------------	------------------------------

29. **Claim Type:** On the top right-hand side, select the claim type as "Re-submission" or "Void claim" to submit a corrected claim or void claim. There is a box to enter the "ID of original claim" to assist the payer in reprocessing/voiding the original claim.

	<a href="#">HCFA/1500 (text)</a>	<a href="#">Print Screen</a>
<b>Claim Type</b>	<input checked="" type="checkbox"/> Default <input type="checkbox"/> Re-submission <input type="checkbox"/> Void claim	
<b>Emergency Service</b>	<input type="checkbox"/>	
<b>Delay Reason</b>	<input type="text"/>	
<b>Acute Manifestation Date</b>	<input type="text"/>	
<b>Onset Date</b>	431: Onse <input type="text"/>	(HCFA box 14)
<b>Other Date</b>	- Other Da <input type="text"/>	(HCFA box 15 & 19)
<b>Is patient's condition related to</b>		
<b>Employment</b>	<input type="text"/>	
<b>Auto Accident</b>	<input type="text"/>	
<b>Other Accident</b>	<input type="text"/>	
<b>EDI Billing Note</b>	<input type="checkbox"/> (HCFA/CMS-1500 Line 19)	
<b>Providers</b>	<input type="text"/>	

30. **EDI Billing note:** Select this box to add a note on the claim. Any information entered here will appear in Box 19 on the HCFA 1500 form.

<b>Claim Type</b>	Default <input type="text"/>	
<b>Emergency Service</b>	No <input type="text"/>	
<b>Delay Reason</b>	- Not Used - <input type="text"/>	
<b>Acute Manifestation Date</b>	<input type="text"/>	
<b>Onset Date</b>	<input type="text"/>	(HCFA box 14)
<b>Other Date</b>	<input type="text"/>	(HCFA box 15 & 19)
<b>Clinical Trial #</b>	<input type="text"/>	
<b>Is patient's condition related to</b>		
<b>Employment</b>	<input type="text"/>	
<b>Auto Accident</b>	<input type="text"/>	
<b>Other Accident</b>	<input type="text"/>	
<b>EDI Billing Note</b>	<input type="checkbox"/> (HCFA/CMS-1500 Line 19)	
<b>Providers</b>	<input type="text"/>	

31. ICD-10 codes can be added in this section. You can enter the code or a description in the box marked with the

red arrow. If you need to change the order of the codes, press the 3 blue horizontal lines (notated by the blue box). This will allow you to drag and drop the codes in whatever order you need them.

#	ICD-10	Description
	Add ICD-10 code	
1	E00.2	Congenital iodine-deficiency syndrome, mixed type

32. Add the CPT/HCPCS/CUSTOM by pressing "+Add Line Item" at the bottom left.

Code/Check Date	Description	Mods/Posted Date	Service Date	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type
Totals:						\$175.00	\$175.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00	\$0.00	Not Submitted
97110				1.00	1 0 0 0	175.00	\$175.00	\$175.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00	\$0.00	Not Submitted

33. To post an insurance payment, press the three lines or blue plus + icon towards the right corresponding to the code, select the appropriate reason codes, and press **Verify and Save** to save your changes.

Code/Check Date	Description	Mods/Posted Date	Service Date	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type
Totals:						\$88.60	\$88.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88.60	\$0.00	Bill Insurance
99213		Q6		1.00	1 2 0 0	88.60	\$88.60	\$88.60	\$0.00	\$0.00	\$0.00	\$0.00	\$88.60	\$0.00	Bill Insurance

34. **Logs:** All the changes made on this screen will be tracked under the "Logs" section.

Logs		
Datetime	User	Description
Aug 5, 2022 10:00:13 AM		primary_insurance_id_number changed from "" to "FAKEID7039"